## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

4313P2665

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |                                    |   |                                 |                                       |                     |                  |            | SMALL ENTITY TYPE                       |                        | OTHER THAN<br>OR SMALL ENTITY |                     |                        |
|---|------------------------------------|---|---------------------------------|---------------------------------------|---------------------|------------------|------------|---|------------------------|-------------------------------|---------------------|------------------------|
| TOTAL CLAIMS  |                                    |   | 12                              |                                       | (Ooic               |                  |            | RATE                                    | FEE                    | .or<br>•                      | RATE                | FEE                    |
| FOR   |                                    |   | NUMBER FILED                    |                                       | NUME                | ER EXTRA         |            | BASIC FEE                               | 375.00                 | OR                            |                     | 750.00                 |
| то  | TAL CHARGEA                        | BLE CLAIMS                                |                                 |                                       | *                   | 0                |            | X\$ 9=                                  | .:                     |                               | X\$18=              |                        |
| IND   | EPENDENT CL                        | AIMS                                      | / minus 3 =                     |                                       |                     | Q                |            |   |                        | OR                            |                     |                        |
|   | <del></del>                        | DENT CLAIM PI                             |                                 | 1105 5 =                              |                     | <del>4</del>     |            | X42=                                    |                        | OR                            | X84=                |                        |
| 2 2 5<br>2 4  |                                    |   |                                 | · · · · · · · · · · · · · · · · · · · |                     |                  |            | +140=                                   |                        | OR                            | +280=               |                        |
| * If  | the difference                     | in column 1 is                            | less than zero, enter "0" in co |                                       |                     | column 2         |            | TOTAL                                   | 375                    | OR                            | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |                                    |   |                                 |                                       |                     |                  |            | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |                               |                     |                        |
| AMENDMENT A   |                                    | CLAIMS                                    |                                 | HIGH                                  | EST                 |                  | <b>1</b> [ |   | ADDI-                  |                               |                     | ADDI-                  |
|   |                                    | REMAINING<br>AFTER<br>AMENDMENT           |                                 | NUMI<br>PREVIC<br>PAID                | DUSLY               | PRESENT<br>EXTRA |            | RATE                                    | TIONAL<br>FEE          | :                             | RATE                | TIONAL<br>FEE          |
|   | Total                              | *   | Minus                           | **                                    |                     | =                |            | X\$ 9=                                  |                        | OR                            | X\$18=              |                        |
|   | Independent                        | *   | Minus                           | ***                                   |                     | =                |            | X42=                                    |                        | OR                            | X84=                |                        |
| L   | FIRST PRESE                        | LTIPLE DEPENDENT CLAIM                    |                                 |                                       | · L                 | 1                | +140=      |   | OR                     | +280=                         |                     |                        |
|   |                                    |   |                                 |                                       |                     | L                | TOTAL      |   | 00                     | TOTAL                         | 4                   |                        |
|   |                                    | (Column 1)                                |                                 | (Colur                                | mn 3)               | (Column 3)       |            | ADDIT FEE                               |                        | JOI1                          | ADDIT FEE           |                        |
| AMENDMENT B   |                                    | CLAIMS REMAINING AFTER AMENDMENT          |                                 | HIGH<br>NUMI<br>PREVIO                | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA | ] [        | RATE                                    | ADDI-<br>TIONAL        |                               | RATE                | ADDI-<br>TIONAL        |
|   | Total                              | *   | Minus                           | **                                    | <u>ron</u>          | = .              |            | X\$ 9=                                  | FEE                    | OR                            | X\$18=              | FEE                    |
|   | Independent                        | *   | Minus                           | ***                                   |                     | = .              | 1 H        | X42=                                    | Ž.                     |                               | X84=                |                        |
| ۲   | FIRST PRESENTATION OF MULTIPLE DEP |   |                                 |                                       | CLAIM               |                  | ]          |   |                        | OR                            |                     |                        |
|   |                                    |   |                                 |                                       | -                   |                  |            | +140=                                   |                        | OR.                           | +280=               |                        |
|   | Dayr Jir                           |   | 4                               |                                       |                     |                  | . 4        | TOTAL<br>ADDIT, FEE                     |                        | OR                            | TOTAL<br>ADDIT. FEE |                        |
|   |                                    | (Column 1)                                |                                 | (Colur                                |                     | (Column 3)       | •          |   |                        |                               |                     |                        |
| AMENDMENT C   |                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                 | HIGH<br>NUMI<br>PREVIO<br>PAID        | BER<br>DUSLY        | PRESENT<br>EXTRA |            | RATE                                    | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total                              |   | Minus                           | **                                    |                     | =                |            | X\$ 9=                                  |                        | OR                            | X\$18=              | A.                     |
|   | Independent                        | *   | Minus                           | ***                                   |                     | =                | ] [        | X42=                                    |                        |                               | X84=                |                        |
| Ľ   | FIRST PRESE                        | NTATION OF MI                             | JLTIPLE DEI                     | PENDENT                               | CLAIM               |                  | <b>』</b> ├ |   |                        | OR                            |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL   |                                    |   |                                 |                                       |                     |                  |            |   | OR                     | +280=                         |                     |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) in the highest number found in the appropriate box in solution 1. |                                    |   |                                 |                                       |                     |                  |            |   |                        |                               |                     |                        |